

# APPLICATION FOR CHANGE/TRANSFER OF WATER RIGHT NOV 19 2009

For filing with the Department of Ecology or with County Conservancy Boards FECOLOGY

## A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION

(Check all that apply)	FOR OFFICE	USE ONLY
(Check all that apply.)  Change purpose(s) of use	CHANGE No. <u>C63-202</u>	
Add purpose(s) of use		
☐ Change point(s) of diversion/withdrawal ☐ Add point(s) of diversion/withdrawal	DATE ACCEPTED 11 1 2	
☐ Change/transfer place of use	FEE \$ 50,00 REC'D	10 126 12009
Other (i.e. consolidation, intertie, trust water)	CHECK No3357	
Explain:		
	ECY Coding: 001-002-WR10	285-000011
	SEPA: Exempt D	Not exempt
**IF MORE SPACE IS NEEDED, ATTACH ADD	ITIONAL SHEETS (PLEASE PRINT OR T	TYPE CLEARLY)**
1. Applicant Information:		
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
COLUMBIA VIEW WATER SERVICES	(509) 430-2485	( )
ADDRESS		
PO BOX 116		
BURBANK	STATE	ZIP CODE
BURDANK	WA	99323
CONTACT NAME (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Rikki Thoren		PAX NO.
	(509) 430-2485	1
ADDRESS  DO POY 446		
PO BOX 116	STATE	ZID CODE
BURBANK	WA	ZIP CODE
DURDANK	WA	99323
2. Water Right Information:		
WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)	
G3-20296P (Well #1)	W.T. Harrison	
	AT ALL CO. 1	
DO YOU OWN THE RIGHT TO BE CHANGED? XYES ON		
DO TOU OWN THE RIGHT TO BE CHANGED? XILS LINO		
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:		
	VV/=0	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST F	IVE (5) YEARS? XYES INO	
Please attach copies of any documentation that den was established. Also, if you have a water system plapplication.		
FOR OFFI	CE USE ONLY	
APP. NO PERMIT NO CER	RT. NO CERT. OF CHANG	E NO

### 3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
A Well	1	<u>NW</u>	SE	12	<u>08N</u>	30E	300812540022	No Tag

**B.** Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well		NE	NW Der en	1 mil 1	08N	30E 2-2009	300802140001	No Tag
OO YOU OWN THE EXIST	NG AND PR	74						
EXISTING XYES IN NO	PROF	POSED:	☐ YES	X NO	- IF NO, PRO	OVIDE OWNE	ER(S) NAME: PORT OF WA	LLA WALLA

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

#### 4. Purpose of Use:

A. Existing

GPM or CFS	ACRE-FT/YR	PERIOD OF USE
19.84	32	Continuous throughout the year
44.64	72	Seasonal
	19.84	19.84 32

**B.** Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No change in the purpose of			
use			

#### 5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The existing service area is Burbank, Washington, Walla Walla County. Being legally described as: Columbia View Addition Numbers 1, 2, 3 and 4; Farm Unit 2, Irrigation Block 3; Columbia Basin Project; Walla Walla County, State of Washington. Being in Section 12, Township 8 North, Willamette Meridian.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
		12	8	30E	WALLA WALLA	3008021400001	122

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? YES X NO - IF NO, PROVIDE OWNER(S) NAME:

COLUMBIA VIEW WATER SERVICES PROVIDES WATER TO APPROXIMATELY 116 SHAREHOLDERS. THERE ARE APPROXIMATELY 121 LOTS (118 – RESIDENTIAL AND 3 - PASTURE LOTS). THE INFORMATION OF EACH SHAREHOLDERS NAME ASSOCIATED WITH THE PLACE OF USE IS DESCRIBED IN ATTACHMENT FOR #5.

B. Proposed

THE P	LACE O	F USE	WILL F	REMAIN	THE SAME AS THA	AT DESCRIBED	IN 5A
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
SEE A	TTACH	MENT :	<b>#</b> 5				

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES **X NO** – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 6. Remarks and Other Relevant Information: The Columbia View Water System (CVWS) owns three wells which are used to provide domestic and irrigation water to approximately 121 residential lots located in the Columbia View Addition. The existing wells are relatively shallow (approximately 80' deep) and have nitrate levels close to 30 ppm. The water does not meet the Washington State Department of Health (WSDOH) clean drinking water standards. In 2008 CVWS and the Port of Walla Walla (Port) signed an agreement that allows the Port to provide domestic water to CVWS from their Nitrate Treatment Plant located in Burbank, Washington. The domestic water supplied by the Port meets the Washington State Department of Health (WSDOH) clean drinking water standards. CVWS is currently constructing a new distribution system from the Ports Nitrate Treatment Plant to the personal property line of each customer. Construction should be complete by November of 2009. The new distribution system and the existing wells will be used to meet the needs of the CVWS customers. CVWS requests that the Ports Burbank Well be added as a point of diversion or Withdrawal under the water rights of CVWS as indicated in Section 4B of this document. It is requested that the DOE expedite this process. IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_ END DATE \_\_\_\_/ Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. 7. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. 11/18/09 (Land Owner(s) of Existing Place of Use) IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE. WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION \_\_\_\_\_\_ IS INCOMPLETE □ OTHER/EXPLANATION:\_

\_ DATE: \_\_\_\_/\_

STAFF: \_\_

ons